



Transcript Request Form

Please print this form and give it to the Registrar's Office at your current or previous institution with the transcript fee (if required) to request that your official transcript be mailed to Coastal Carolina University at the following address:

Coastal Carolina University
Office of Admissions
P.O. Box 261954
Conway, SC 29528-6054

Student Information

Name of College or University: _____

Student's Name: _____

Maiden or Other Names (if applicable): _____

Date of Birth: _____ Student ID Number: _____

Dates Attended: From: _____ To: _____

Term Applied to Enter Coastal Carolina University:

Fall 20____ Spring 20____ Summer I 20____ Summer II 20____
Maymester 20____

Transcript Release Authorization

My signature below authorizes the release of my transcripts. I understand that it is my responsibility to request any and all transcripts to complete my application to Coastal Carolina University. I understand that I am responsible for any charges for the release of these transcripts to Coastal Carolina University.

Student's Signature: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____